



General Assembly

Amendment

January Session, 2009

LCO No. 8420

SB0066408420SD0

Offered by:

SEN. LOONEY, 11th Dist.

SEN. PRAGUE, 19th Dist.

To: Subst. Senate Bill No. 664

File No. 243

Cal. No. 226

"AN ACT CONCERNING BILLING FOR ASSISTED LIVING SERVICES COVERED BY LONG-TERM CARE INSURANCE."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Subdivision (1) of subsection (a) of section 38a-226c of the
4 general statutes is repealed and the following is substituted in lieu
5 thereof (*Effective October 1, 2009*):

6 (1) Each utilization review company shall maintain and make
7 available procedures for providing notification of its determinations
8 regarding certification in accordance with the following:

9 (A) Notification of any prospective determination by the utilization
10 review company shall be mailed or otherwise communicated to the
11 provider of record or the enrollee or other appropriate individual
12 within two business days of the receipt of all information necessary to
13 complete the review, provided any determination not to certify an

14 admission, service, procedure or extension of stay shall be in writing.
15 After a prospective determination that authorizes an admission,
16 service, procedure or extension of stay has been communicated to the
17 appropriate individual, based on accurate information from the
18 provider, the utilization review company may not reverse such
19 determination if such admission, service, procedure or extension of
20 stay has taken place in reliance on such determination.

21 (B) Notification of a concurrent determination shall be mailed or
22 otherwise communicated to the provider of record within two business
23 days of receipt of all information necessary to complete the review or,
24 provided all information necessary to perform the review has been
25 received, prior to the end of the current certified period and provided
26 any determination not to certify an admission, service, procedure or
27 extension of stay shall be in writing.

28 (C) The utilization review company shall not make a determination
29 not to certify based on incomplete information unless it has clearly
30 indicated, in writing, to the provider of record or the enrollee all the
31 information that is needed to make such determination.

32 (D) Notwithstanding subparagraphs (A) to (C), inclusive, of this
33 subdivision, the utilization review company may give authorization
34 orally, electronically or communicated other than in writing. If the
35 determination is an approval for a request, the company shall provide
36 a confirmation number corresponding to the authorization.

37 (E) Except as provided in subparagraph (F) of this subdivision with
38 respect to a final notice, each notice of a determination not to certify an
39 admission, service, procedure or extension of stay shall include in
40 writing (i) the principal reasons for the determination, (ii) the
41 procedures to initiate an appeal of the determination or the name and
42 telephone number of the person to contact with regard to an appeal
43 pursuant to the provisions of this section, and (iii) the procedure to
44 appeal to the commissioner pursuant to section 38a-478n.

45 (F) Each notice of a final determination not to certify an admission,

46 service, procedure or extension of stay shall include in writing (i) the
47 principal reasons for the determination, (ii) a statement that all internal
48 appeal mechanisms have been exhausted, and (iii) a copy of the
49 application and procedures prescribed by the commissioner for filing
50 an appeal to the commissioner pursuant to section 38a-478n.

51 (G) (i) For all determinations, there shall be a presumption that an
52 admission, service, procedure or extension of stay is medically
53 necessary if it is ordered by a licensed participating provider and is
54 within the provider's scope of practice. The utilization review
55 company shall have the burden of proving that the admission, service,
56 procedure or extension of stay is not medically necessary.

57 (ii) The provisions of this subparagraph shall not affect the
58 operation of the Workers' Compensation Act.

59 Sec. 2. Subdivision (2) of subsection (a) of section 38a-226c of the
60 general statutes is repealed and the following is substituted in lieu
61 thereof (*Effective October 1, 2009*):

62 (2) Each utilization review company shall maintain and make
63 available a written description of the appeal procedure by which either
64 the enrollee or the provider of record may seek review of
65 determinations not to certify an admission, service, procedure or
66 extension of stay. The procedures for appeals shall include the
67 following:

68 (A) Each utilization review company shall notify in writing the
69 enrollee and provider of record of its determination on the appeal as
70 soon as practical, but in no case later than thirty days after receiving
71 the required documentation on the appeal.

72 (B) On appeal, all determinations not to certify an admission,
73 service, procedure or extension of stay shall be made by a licensed
74 practitioner of the healing arts.

75 (C) (i) On appeal of a determination not to certify the dispensing of

76 a drug prescribed by a licensed participating provider, an immediate
77 electronic authorization of such drug for the length of the appeal
78 process shall be made to the pharmacist requesting authorization. Such
79 immediate electronic authorization shall include confirmation of the
80 availability of payment for such supply of such drug.

81 (ii) The provisions of this subparagraph shall not affect the
82 operation of the Workers' Compensation Act."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2009</i>	38a-226c(a)(1)
Sec. 2	<i>October 1, 2009</i>	38a-226c(a)(2)